

GROUP 1.	SURGICAL	RATE
	a. Surgical – Intensive	\$1,709.00
	b. Surgical – Moderate	\$999.00
	c. Surgical – Low	\$716.00
	d. Surgical - Very Low	\$273.00
GROUP 2.	DIAGNOSTIC AND THERAPEUTIC	
	a. Complex Diagnostic and Therapeutic	\$896.00
	b. High-tech Diagnostic	\$290.00
	c. Other Diagnostic	\$168.00
	d. Therapeutic Procedures	\$130.00
GROUP 3.	EMERGENCY ROOM PROCEDURES	
	a. Emergency Level I	\$172.00
	b. Emergency Level II	\$64.00
	c. Non-emergency/Screening	\$25.00
GROUP 4.	OBSERVATION SERVICES	
	a. 1 hour through 6 hours, 30 minutes	\$70.00
	b. 6 hours, 31 minutes through 12 hours 30 minutes	\$211.00
	c. 12 hours, 31 minutes or more	\$422.00
GROUP 5.	PSYCHIATRIC SERVICES	
	a. Type A	\$ 68.00
	Children's hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)	\$102.00
	b. Type B	\$101.00
	Children's hospitals as defined in 89 Illinois Administrative Code 149.50(c)(3)(A)	\$102.00

GROUP 6. REHABILITATION SERVICES

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|---|-----------------|
| a. Enrolled and billing for Category of Service 29
(Rehabilitation Outpatient Services) | \$130.00 |
| Children's hospitals as defined in 89 Illinois
Administrative Code 149.50(c)(3)(A) | \$130.00 |
| b. Enrolled and billing for Category of Service 24
(General Outpatient Services) | \$115.00 |
| Children's hospitals as defined in 89 Illinois
Administrative Code 149.50(c)(3)(A) | \$130.00 |